DOCUMENT RESUME

ED 045 298 RE 003 074

AUTHOR Wark, David M.
TITLE Emotional Problems in Study and Behavioral Methods for Treatment.
PUB DATE May 70
NOTE 6p.; Paper presented at the Seminar for Directors of College and University Reading Centers, International Reading Association convention, Anaheim, Cal., May 6-9, 1970

EDRS PRICE EDRS Price MF-$0.25 HC-$0.40
DESCRIPTORS Anxiety, Behavior Patterns, *College Students, Emotional Adjustment, *Emotional Problems, Individual Psychology, *Reading Centers, *Remedial Instruction, *Study Habits

ABSTRACT

Emotional problems may be the motivation for many students to seek help at a college reading and study skills center. Many students appear to show actual physical and psychological discomfort when involved in the act of reading and studying. If tension creates a problem, then one would like to determine (1) how the student learned to be tense when reading and studying and (2) how that tension interferes with the student's effectiveness. A method of treatment for anxiety-generated reading problems is (1) to teach deep relaxation and (2) to relate that relaxation to the study condition. Examples of initial emotional problems in reading and treatment techniques are given. References are included. (DE)

ED 045298

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

EMOTIONAL PROBLEMS IN STUDY AND BEHAVIORAL METHODS FOR TREATMENT

by

David M. Wark
University of Minnesota

The professional person working in a college Reading and Study Skills Center must often deal with more than problems of basic skill deficits. Admittedly, our students often come to us simply unprepared for the reading and studying requirements of college. But for the most part they come well trained, and at least initially, eager to commence their college education. My suggestion that the troubles many of them bring to a skills center are not in fact skills problems is illustrated by the following fictitious but typical composite cases:

1) James is a reasonably competent student getting B minus grades. He's doing acceptable work in his major - anthropology. He lives in a residence hall and works on the cafeteria line five hours a week. His scores on the reading tests are all well above the 70th percentile on local college norms. Why then did he come to the center? Because he finds at some times he can't comprehend what he's reading. He says he starts out fairly well at the beginning of a chapter, understanding terms, getting the main idea, and in general feeling fairly effective. However, by the middle or a little later into the chapter he finds he does not understand anything about the material. The words, he says, are just words. His scores on the locally used reading test would suggest that he has adequate short-term retention of reading material and is quite competent to analyze a paragraph.

2) Susan says that she gets fatigued and tired when she reads. She reports a great deal of eye strain and headaches. She's doing satisfactory work in school, slightly better than C average. Her reading test scores are not exceptional; she falls at about the forty-fifth percentile for rate and comprehension. However, she finds that as the quarter is progressing it is getting more and more difficult for her to get her studying done. She is not employed and in fact says she devotes a great deal of time to study. Typically she sits down, begins to read, and then finds that her eyes begin to sting. Her usual mode of relaxation is to watch a television show, or read a magazine on current trends in feminine fashions. She says that relaxes her eyes. Her medical report from the eye clinic is negative.

3) Sylvia tests out at the fifty-second percentile on local norms in reading. Her scores on the ACT are rather uneven. In the social sciences she scores quite well. In mathematics and the natural sciences she scores very, very low. She comes to the clinic because she finds she can't concentrate at all on material in the natural sciences. She has no trouble with sociology and in fact has gotten several As. But she needs merely to open a mathematics book or her elementary physics survey and she finds her mind beginning to wander.

I submit that all three of these students are not suffering from lack of skills. All of them have demonstrated that their reading skills are satisfactory. The demonstration may have been on a standardized reading test, or by grades in a course. What does distinguish these students is their unevenness. At certain times they demonstrate skill and at other times with fairly similar material they cannot.

The key to treating such problems is to find out from the student whether he feels any particular discomfort while reading. And I mean discomfort in the very literal physical sense. I am not talking about probing for psychological feelings of unhappiness, "ego distonia", or "pinched self concept." Rather I mean an inquiry

RE 003 074

(PAPER TO BE DISCUSSED AT IRA SEMINAR, MAY 1970.)

to determine whether the student feels excess muscular tension present while he is reading. This unpleasantness may show up as a feeling of tenseness in the stomach, back of the head, or most frequently in the jaws and throat. I would submit that muscular tension, correlated with psychological anxiety, is a real but often ignored focus of the reading and study skills specialist's attention.

If physical tension is an important part of the reading and study skills problems of certain students, then we must account for two relationships. First we must give a plausible explanation of how the student learned to be tense when reading. Secondly, we must show how that tension interferes with the student's effectiveness in reading. I will first lay out a plausible chain of events that could lead to tension, and then suggest how this tension becomes generalized sufficiently to interfere with reading.

In my frame of reference, it is necessary first to accept the existence of a set of physiological responses to examination failure. That is, I assume that there are certain students who, because of early family training, are made very uncomfortable by failure on examinations. If we observe such students when they are presented with a failing grade we see their muscles become tense, especially those around the throat and jaw. Such a student would show dialations of the pupil, increase in pulse, blood pressure and temperature. Another common component of the syndrome is palmer perspiration. Along with these physiological signs of discomfort there are usually psychological symptoms such as depression, frustration, or despair. In short, we are assuming a set of physiological and cognitive disturbances associated with failure. These responses, taken together, characterize what I would call test panic or test anxiety.

It is unnecessary in this paper to list all the potential background variables that might produce test panic in any particular student. Any or all of the following variables might be significant: pre-school training about achievement, family social class, genetic make-up of the parents, order of birth within the family, education of parents, personal values, and interests. Any or all of these may produce a strong reaction to examination failure. This reaction shows up as increased tension and physiological disturbances described above.

Assuming that the tension exists, how then does it necessarily affect reading ability?

Again it will be necessary to make some general assumptions. Let us suppose that a student is studying a course that he does not even moderately enjoy. Let us further assume he thinks about the up-coming examination. What happens? If his past failures have been frequent and severe enough, it is sufficient merely to think about the test for him to experience the signs and symptoms of test panic. Soon the book, the table where he's studying, in fact the very room in which he works will come, through the process of stimulus generalization, to be a source of tension or panic. Soon the very sight of the book will be enough to produce discomfort and feelings of unpleasantness. Now what happens?

The student may respond, as did Sylvia, by not being able to concentrate. That is, seated in front of the book which was unpleasant she took refuge in psychologically leaving the scene by not concentrating. Susan solved the problem more directly. The book caused her tension, so she merely avoids it by not studying at all. Thus the tension response, conditioned originally by a failed examination, generalizes to produce avoidance and lack of concentration in other material.

We might expect the effects to be greater in those courses in which students are failing. This would be in spite of all rational concern which would say that students would concentrate and work harder in precisely those courses in which they are doing least well in order to make up their grade. Assuming then that these mechanisms do exist and do apply, how is it possible to re-educate a student so as to remove the association between study and tension?

Method of Treatment

The approach I'm suggesting is to re-educate the student emotionally. That is, just as he has learned the association between study and tension, we must teach him the association between study and relaxation. We shall teach the student to relax as deeply and thoroughly as possible. If he has relaxed, and then he applies effective techniques of study, he will find his problems have been greatly reduced.

The general method owes much to the pioneering work of Edwin Jacobson (Progressive Relaxation, Chicago, University of Chicago Press, 1938). Jacobson taught his patients techniques of deep muscle relaxation which by itself produced some lessening of psychic tension. But his procedures took too long for use in a college center. The current proponent of the relaxation method is Joseph Wolpe. He has developed a technique for certain kinds of psychotherapy based in part on Jacobson's relaxation. (Psychotherapy by Reciprocal Inhibition, Stanford: Stanford University Press, 1958). In addition, he has his patients, while they are relaxed, think about situations which in the past had produced mild degrees of anxiety. He writes:

> "If the response antagonistic to anxiety can be made to occur in the presence of anxiety - evoking stimuli so that it is accompanied by a complete or a partial suppression of the anxiety response the bond between the stimuli and the anxiety response will be weakened." (Wolpe, 1958).

Basically then there are two steps to the treatment of anxiety generated reading problems.

The first is to teach deep relaxation. My experience has been that it is not sufficient to tell a student "okay, now just relax completely". The students who really need this advice, and they know they need it, don't really know how to relax. They have to be shown step by step how to relax. After sufficient practice they will be able to relax their own muscles. But initially they need a good deal of help and guidance. This is accomplished by having a student tense his muscles, say those in the hand, wrist, and forearm. He is to notice the feeling of tensions in his arm. Then he is to relax those muscles slightly and hold it. Then he is to relax a bit more and hold it. He is to proceed in this stair-step fashion from tension to complete relaxation. He is told to let every muscle fiber soften up and relax. It is this step wise relaxation, going metaphorically "down the stairs into the basement" that makes this type of relaxation effective. Gradually the alternate tension and relaxation is applied to every muscle in the body. After several lessons students can begin to relax their entire body quickly and on their own command. For a more complete description of the method, and a script to produce relaxation see Wolpe and Lazarus (Behavior Therapy Techniques. Oxford: Pergamon, 1966.)

The second step in treating emotionally toned study problems is to help the student relate that relaxation to his study condition. Wolpe employs what he calls a desensitization hierarchy. This is a carefully prepared list of situations. They are scenes which, for the individual student, are of progressively more anxiety producing character. The first item on the hierarchy is one which produces very little tension or anxiety.

By way of illustration, imagine a student who has a great deal of trouble concentrating on a textbook in history. The top item on his hierarchy might be to see himself reading history for an hour just before a final examination. The bottom item of the hierarchy might be to see himself relaxing after dinner. The next item would be to see himself approaching the room where he is going to study; next entering the room where he will study history; next seated at his study desk with the book

closed; next having the book open and reading it two weeks before the exam; next one week before the exam; next a day before the exam; and the final scene just before the exam.

In constructing such a hierarchy it is necessary to keep in mind some relevant dimension which can be increased progressively. This might be a dimension of closeness in time to an unpleasant event or it might be a dimension of difficulty (Readers' Digest - Time Magazine - Atlantic Monthly - introductory textbook - a professional periodical). Sometimes it takes a great deal of discussion with a student to develop the appropriate dimension for an individual hierarchy. The actual technique of setting one up for a particular case is somewhat involved. It will not be discussed in this paper. But two relevant sources are Wolpe and Lazarus (1958) and Wolpe (Practice of Behavior Therapy. New York: Pergamon Press, 1969).

The general technique that I described in this brief report has been used to solve a variety of study skills related problems. The work by Emery and Krumboltz (1967) and Laxar et al (1969) deal with test anxiety cases. Another report by Wark and Johnson (1969) contains some other cases. I'll summarize one here to give you a flavor of the technique. The case involves Juanita, a college student enrolled in a How to Study course.

Juanita appeared to have a great deal of trouble talking in class. On the first night of class she did not answer with more than a barely audible whisper and had deep facial blush when her name was called in the roll. She appeared to be experiencing a great deal of discomfort in the class on successive evenings. Initially she submitted a hierarchy of seven more or less unrelated but painful experiences having to do with school. (They are presented in the top part of Table 1 .) Later in individual counseling she redefined them to the four presented in the derived hierarchy in Table 1. These were the items presented to her for individual desensitization following class hours on April 7, 14, and 21.

As part of the treatment Juanita was told that at no time would she be required to answer a question in class discussion. However, if she raised her hand she would be immediately acknowledged and allowed to answer. Note that in the relaxation sessions she was to picture herself asking questions for which she knew the answer or answering questions which she knew. At the third session she was to see herself raising her hand and asking a question that she could indeed not answer. Notice that on the first night of her classroom behavior recorded, the seventh of April, she showed no relevant asking or answering behavior. However, by the 28th of May not only did she answer questions, but twice volunteered comments which included an evaluation of the instructor. She made these evaluations unblushingly and unbidden. This was a tremendous improvement for her.

Summary

In this paper I have sketched very briefly the general approach to treating emotional problems in reading. At the IRA meeting I shall demonstrate the techniques of relaxing a student and working up a hierarchy. I shall also present some data from individual cases.

TABLE 1

TALKING IN CLASS HIERARCHY - Juanita

Original Hierarchy	Anxiety Scale
1. Not understanding	5
2. Did not study for assignment	10
3. Embarrassed not knowing answer in class	20
4. Not taking part in class discussion	40
5. Study for test not meaningful	70
6. Blank test day	90
7. Failed test	100

Derived Hierarchy

1. Only professor present when you raise a question.
2. Students present when you raise a question.
3. Only professor present when you can't answer a question.
4. Students present when you can't answer a question.

Date	Class Behavior	Relaxation Session
4/7	X	See self answering question "It was childs play"
4/14	Answered general question to class. Raised hand.	See self raising hand asking question. Know answer.
4/21	Asked question with known answer. Raised hand.	1. See other students in room - PANIC. 2. See self raising hand and asking. Know answer. 3. See self raising hand and asking. Unknown answer.
4/28	X	X
5/5	Asked questions with known answer. Raised hand.	X
5/12	1. Volunteered comments twice. 2. Asked questions twice. Answers not known. Raised hand.	X
5/19	Asked questions. Answers not known. Raised hand. No blush.	X
5/28	Volunteered comments twice. Evaluation of instructor. Did not raise hand. Did not blush.	X

BIBLIOGRAPHY

Emery, J.R. and Krumboltz, J. Standard versus Individualized Hierarchies in Desensitization to Reduce Test Anxiety. Journal of Counseling Psychology, 1967, 14, 204-209.

Laxar, R.M., Quarter, J., Kooman, A., and Walker, K. Systematic Desensitization and Relaxation of High Test-Anxious Secondary School Students. Journal of Counseling Psychology, 1969, 16, 446-451.

Wark, D.M., and Johnson, S. Test Panic, Daydreaming and Procrastination. In press.

Wolpe, J. Practice of Behavior Therapy. New York: Pergamon Press, 1969.

Wolpe, J. Psychotherapy by Reciprocal Inhibition. Stanford: Stanford University Press, 1958.

Wolpe, J. and Lazarus, A. Behavior Therapy Techniques. Oxford: Pergamon, 1966.